

**STATEMENT OF TRANSFER OF VEHICLES  
TO A SURVIVING SPOUSE OR SURVIVING HEIR**

Wisconsin Department of Transportation  
www.dot.state.wi.us  
s.342.17(4)(b) and s.867.03 Wis. Stats.  
MV2300 5/2002

The transfer shall not affect any prior liens upon the vehicle(s).

Submit this statement with the Certificate of Title (form MV2269) and Application for Title / Registration (form MV1).

The title transfer fee for **surviving spouses** is \$17.50 for each vehicle.

The title transfer fee for **surviving heirs** is \$25.00 for each vehicle.

\_\_\_\_\_  
Name of Surviving Spouse or Surviving Heir

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Name of Deceased

\_\_\_\_\_  
Date of Death

\_\_\_\_\_  
Solely-Owned Property Value of Deceased (**For Surviving Heir Only**)

VEHICLE	MAKE	IDENTIFICATION OR ENGINE NUMBER	MAXIMUM VALUE	TITLE LOST
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No

**As Surviving Spouse**

I state that the information given above is correct and that I shall be personally liable for the debts and charges of the deceased, to the extent of the value of the vehicle(s), subject to s.859.25 Wisconsin Statutes.

**X**

\_\_\_\_\_  
(Surviving Spouse Signature)

**As an Heir of the Deceased**

I state that the information given above is true and correct and that the deceased has no solely-owned property that exceeds \$20,000 in value according to the requirements of s.867.03 Wisconsin Statutes.

**I have included an additional \$8.00 replacement title fee if the box for "Title Lost – Yes" is checked.**

**X**

\_\_\_\_\_  
(Signature of Heir)

**X**

\_\_\_\_\_  
(Signature of Heir)